

Amendments to the Specification:

Please replace the paragraph beginning at page 3, line 15 (Par. [0011] of the published application) with the following amended paragraph:

Tibial augment or wedge components for the prior system of FIGS. 1-5 are illustrated in FIGS. 4-5. The two tibial augments or wedges 30, 32 are mirror images of each other. Each has a proximal surface or side 34 that is juxtaposed with the distal side 16 of the tibial tray when the augment or wedge is mounted on the tray and a distal side or surface 36 that is intended to be juxtaposed with a resected tibial surface when implanted. Each illustrated augment or wedge 30, 32 has an outer edge 37, 38 shaped to follow a portion of the outer edge 40 of the tibial tray 12. Each augment or wedge 30, 32 also has a smooth through-bore 42, 44 extending from the distal surface 36 to the proximal surface 34 of the augment or wedge 30, 32. A typical through-bore 42, 44 for each augment or wedge is illustrated in cross-section in FIG. [3] 5. As there shown, each smooth through-bore 42, 44 has a large diameter countersink 46 extending from the distal surface 36 toward the proximal surface 34 and a small diameter neck 48 at the proximal end of the countersink 46. In the system of FIGS. 1-5, the small diameter neck 48 is defined by a smooth surface. On the proximal surface 34, each through-bore 42, 44 includes an enlarged undercut 50. The augments or wedges 30, 32 can be mounted to the distal side 16 of the tibial tray 12 with screws (not shown); the heads of the screws are received in the countersinks 46, and the threaded screw shaft extends through the reduced diameter neck 48 to engage the threads of the threaded through-bores 24, 26 of the tibial tray 12. With the through-bores shaped as illustrated in FIG. 5, the augments or wedges 30 of FIG. 3 can only be mounted on one side of

the central plane 18 of the tibial tray 12, on the side shown at 22 in FIG. 2. Similarly, the augment or wedge 32 shown in FIG. 4 can only be mounted on the other side of the central plane 18 of the tibial tray 12, on the side shown at 20 in FIG. 2.

Please replace the paragraph beginning at page 13, line 10 (Par. [0051] of the published application) with the following amended paragraph:

In using the tibial system of the present invention, the surgeon uses conventional surgical techniques to prepare the patient's knee and to prepare the bone surfaces to receive the prosthetic components. If during the procedure the surgeon determines that it is necessary to resect more bone from either the medial or lateral proximal tibia, the surgeon then selects an augment 104 of appropriate thickness to use with the tibial component 102. If the additional resection was on the medial side, the surgeon places the augment 104 on the medial side of the tibial component 102, with the first surface 130, for example, against the distal surface 126 of the tibial tray 108, and inserts a screw into through the second countersink 138 of the augment 104. The screw is pushed through the entire smooth through-bore 134, including the neck 140 and opposite countersink 136, until the threads of the screw engage the threads of the threaded bore 122 or 124 of the tibial tray 108. The assembled augment 104 and tibial component ~~would~~is illustrated in FIG. 15. If instead the additional resection was on the lateral side, the surgeon can flip the same augment 104 over so that the second surface 132 is placed against the distal surface 126 of the tibial tray 108. The surgeon then inserts a screw into and through the first countersink 136, the smooth neck 140 and through the second countersink 138 until the threads of the screw engage the threads of the threaded bore 122 or 124 of the tibial tray 108. In both cases, the

augment 104 is mounted to the tibial tray 108 by the engagement of the screw threads with the threads of the threaded bore 122 or 124 in the tibial tray 108 and the engagement of the head of the screw against the inner surface of one of the countersinks 136, 138 of the augment 104. The assembled augment and tibial component would then appear as illustrated in FIG. 16.